** >Please type a plus sign (+) inside this box ->

PTO/SB/01 (3-97)

Approved for use through 9/00/08. OMB 0651-0032

Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	SIGN	Attorney Dock	ot Number	28,437-A					
DECLARATION		First Named I	nvontor	Ernesto	Cohënni				
UTILITY OR DE		COMPLETE IF KNOWN							
PATENT APPLIC		Application Nu	mbor						
		Filing Date	A.						
Submitted OR Su	☐ Doclaration Submitted after Initial Filing	Group Art Unit							
with initial ini Filing		Examinor Nam	10						
As a below named Inventor, I hereby declare that: My residence, post office address, and chizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Ship Cover For Sofas With Cushion Cover Retention Means (Title of the Invention) I sattached hereto OR was filed on (MM/DD/YYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations.									
5 1.56. I horoby claim foreign priority benefits under Title 35. United States Code 5119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY		.,	opy Attached?				
			00000	00000	00000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under Title 35. United States Code § 119(e) of any United States provisional application(s) listed below.									
Application Number(a) Filing Date		(MM/DD/YYY)	1 02	Additional provisional application					
60/416,420	7, 2002	5	numbors are listed on a supplemental priority data sheet PTO/SB/02B attached herelo.						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (2-07)

Approved for use through 9/30/36. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

disclosed in the	ignating the Unit prior United Str dedge the July t	er Title 35, Unit ted States of Am ales or PCT Inter or disclose inform on the filing data	ronca, listed bold rnational applica nation which is r	ow and, ins ation in the material to	manna manna malani	s the su or provi ability o	ibject ded b ns do:	maller o y the firs fined in 1	i oach ol I paragra Tilo 37. (ino cin ph of 3 Sodo of	ims of this app Title 35, United I Federal Regi	plication is no Il Statos Coda ulations §1.50
5	nt Applicat	Ion	PCT Peron	t	ı			g Date		Paront Patont Number		
<u> </u>	lumbor		Number			MW/D	MQ(YYY)_		(if applicable)		
				. :								
Additional	U.S. or I'C'T Into	mational applica	ntion numbors a	ra listed on	a eup	plomon	trd pr	lority date	shoot P	TO/SU	N2U attached	horato.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Place and Trademark Office connected therewith:												
and impomnik	Office connector	1 thotomin:	Customer Num OR	ıpor						-	Place Cus Number Be	
	· ,		Rogistored pra		namo	/rogletr	ntlon	number l	stod bok	ow L	Libelh	
	N∉m∙			tration aber	Namo					Registration Number		
	······································			100								
					. '							
Additional re	oglatorod practiti	ioner(s) nemod c	i on supplomental	l Registere	d Prac	Utlonor	Intorn	nation sh	oot PTO	/SD/02	C nithched he	roto,
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below							dross bolow					
Namo Chaples E, Temks												
Address 72 Harren Road												
Addross						,				1		
City	Westpo	rt .				lato	C		ZIP	06	880	
Country	U.517		Tolephon	10 20	s/2:	13-	73	6 G	Fax	203	1227-5	428
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or impresentent, or both, under Section 1001 of Title 10 of the United States Code and that such willful false statements may loopardize the validity of the application or any patent issued thereon.									on made are			
Name of So	lo or First in	ventor:				A potiti	on h	as boon	filod fo	r this c	unsignod invi	onlor
Giv	on Namo (first	and middle fil	l any])	·				Family	Nomo	or Su	mamo	
		É	KNES TO		10	3116	W					
inventor's Signature	·	Ei	RNESTO nate G	han	<u>,</u>						Date ~	7/13/15
Residence: Cl	y N. AL	am Beach	Stato	FL	C	ountry	Ĺ	1517			Citizenship	45
Post Office Address 1990 N.E. 16314 ST, #104												
Post Office Ad	dress No	oth Mas	mí Brac	<u>-</u> 4								
City		State	FL	21P	3	316	2		Cour	atry	USIF	
Additional in	nvontors are b	eing named o	n thosur	n no molga	l Add	ilional	Inver	ntor(s) s	heol(s)	PTO/S	SB/02A allac	hed hereto